

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
091783933

APPLICANT(S)

FILING DATE
2-14-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	20000000	10000000	10000000	10000000	10000000	10000000

IND.	DEP.	IND.	DEP.	IND.	DEP.
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL	10000000	10000000	10000000	10000000	10000000